A.

City

Contributions

Candidate Name

Scott Murphy

Office Sought:

State: NY

House

Senate

District:

President

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 81/82 Use separate schedule(s) (check only one) for each category of the 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Heath Shuler for Congress Full Name (Last, First, Middle Initial) Transaction ID: D250682 SCOTT MURPHY FOR CONGRESS Date of Disbursement 2 4 0 2 2009 Mailing Address 615 Glen Street State Zip Code Amount of Each Disbursement this Period Glens Falls NY 12801 2000.00 Purpose of Disbursement Contributions Refund or Disposal of Excess Contributions Required Under

Category/

Type

2010

General

Candidate Name Category/ Scott Murphy Type Office Sought: 2010 Disbursement For: House X General Senate Primary President Other (specify) State: NY District: Full Name (Last, First, Middle Initial) Transaction ID: D250683 B. SCOTT MURPHY FOR CONGRESS Date of Disbursement Mailing Address 615 Glen Street City State Zip Code Glens Falls 12801 NY Purpose of Disbursement

Disbursement For:

X Primary

Other (specify)

19 0 3 2009 Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

11 C.F.R. 400.53

		4000.00
SUBTOTAL of Disbursements This Page (optional)		4000.00
TOTAL This Period (last page this line number only)	•	4000.00